

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND
1	/						51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18	/						68			
19	/						69			
20	/						70			
21	/	/					71			
22	/						72			
23	/						73			
24	/						74			
25	/						75			
26	/						76			
27	/	/					77			
28	/						78			
29	/						79			
30	/						80			
31	/						81			
32	/						82			
33	/						83			
34	/						84			
35	/						85			
36	/						86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	17						TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL CLAIMS	34						TOTAL CLAIMS			